

Yoga Practice Planner

Use this Worksheet to develop a strategic practice plan to help you achieve your goals .



ISSUE

The Issue I'm addressing...

Type of issue

- Limiting belief
- Emotional disturbance
- Mental narrative
- Other _____
- Tendency of attention
- Habit or behavior
- Physical limitation

PRACTICES

Prescribed neutralizing On-the-Mat practices

1. _____

2. _____

3. _____

Prescribed neutralizing Off-the-Mat practices

1. _____

2. _____

3. _____

SCHEDULE

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
On-the-Mat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-the-Mat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>